



STATE EMPLOYEE HEALTH PLAN (SEHP) Request for Waiver of Thirty Day Waiting Period

Appendix E

This form and any attachments are used to document compliance with the Kansas Administrative Regulation 108-1-1 (c) (active employees), 108-1-3 (c) (school districts), or 108-1-4 (c) (local units of government) that is applicable. This form must be submitted to the SEHP Membership Services within 30 days of the potential employee's date of hire.

Section 1: Potential New Employee Information			
Name	Title of Position to be Filled	Social Security Number	Anticipated Hire Date
Past Employment Information			
Name of Former Employer	Mailing Address of Former Employer <small>Please include the City, State, and Zip</small>	Phone Number <small>Including Area Code</small>	Name and Title of Contact Person

Were you covered under a group health insurance plan through your former employer? Yes ☐ No ☐

If yes, are you entitled to any type of continuation of health insurance coverage through that employer? Yes ☐ No ☐

Are you eligible to be covered by another health insurance plan (spouse, other employment or association, etc)? Yes ☐ No ☐

I hereby certify that the above information that I have provided is true and correct.

Signature of Potential New Employee	Date
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Section 2: To be completed by the Agency Head or Designee and submitted to SEHP Membership Services within 30 days of the date of hire:

The Agency Head or designee hereby requests a waiver of the 30-day waiting period for SEHP coverage for the potential new employee (name) _____.

I hereby certify that the potential employee listed in the above section:

1. Is not entitled to any type of continuation of health benefits available from prior coverage:
2. Is not covered by, or is not eligible to be covered by another health insurance plan:
3. Health Insurance coverage is required for the potential employee to obtain permission to enter into and work in the US:

Confirmed:

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Yes ☐ No ☐

Section 3: Please describe the action taken to verify that the information above is correct:

Agency Head or Designee's Signature	Date
Agency or Non-State Entity Name/Number	Agency Head or Designee's Phone Number